



Lobbying Waiver Request Form

DATE STAMP

Requestor is a:

__Registered Lobbyist

__Lobbyist's Client

Requestor's Name _____

Client's Full Name _____

Requestor's Address _____ City, State, Zip _____

Daytime Telephone _____ Other Phone _____ Email _____

Report(s) Delinquently Filed _____

Fine Amount(s) _____

“...However, in the discretion of the Secretary of State, the assessing of such fine may be waived if the Secretary of State shall determine that unforeseeable mitigating circumstances, such as the health of the lobbyist, shall interfere with timely filing of a required report.” Mississippi Code Ann. §5-8-17(1)(b).

Please describe the *unforeseeable mitigating circumstances* preventing you from filing your lobbying reports by the statutory deadline or within the nine (9) day grace period provided by law. (Please use the supplemental form(s) if needed, and/or attach copies of any relevant documents (receipts, hospital invoices, doctors' records, etc.) if possible).

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Signature of Requestor _____ **Date** _____

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(Supplement

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Signature of Requestor _____ Date _____